

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>087601005</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51					X	X
2	/						52					X	X
3	/						53					X	X
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	9						60						
11	9						61						
12	0						62						
13	0						63						
14	0						64						
15	0						65						
16	0						66						
17	0						67						
18	0						68						
19	0						69						
20	0						70						
21	0						71						
22	0						72						
23	0						73						
24	0						74						
25	0						75						
26	0						76						
27	0						77						
28	0						78						
29	0						79						
30	0						80						
31	0						81						
32	0						82						
33	/						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		1		1		TOTAL IND.			0		1	
TOTAL DEP.	46		50		0		TOTAL DEP.			2		44	
TOTAL CLAIMS	48		51		1		TOTAL CLAIMS			1		45	

BEST AVAILABLE COPY

CLAIMS ONLY

Application Number

8/601005
Applicant(s)

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
10 1						
10 2						
10 3						
10 4						
10 5						
10 6						
10 7						
10 8						
10 9						
10 10						
11						
12						
13						
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36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep					0	
Total Depend					7	
Total Claims					7	